Testimony of Gregory B. Allard, Vice President American Ambulance Service, Inc. & Association of Connecticut Ambulance Providers

Public Health Committee

Friday, March 19, 2014

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is Greg Allard and I am the Vice President of American Ambulance Service, Inc. located in Norwich, CT and of the Association of CT Ambulance Providers.

The Association of CT Ambulance Providers includes companies that provide emergency medical services to approximately 200,000 patients annually. Our membership provides care in over 35 municipalities and offers mutual aid to an additional 50 municipalities. These urban and suburban municipalities include areas such as East Hartford, Hartford, Manchester, Mashantucket Pequot Tribal Nation, Middletown, Meriden, Waterbury and Torrington. The estimated population served is over 800,000. Our mobile integrated healthcare team has a network of 136 ambulances and includes approximately 1600 professionals that we employee. In addition to the patient care we provide we are all very active in our communities.

My testimony today is in favor of Raised Bill No. 5542, An Act Concerning the Recommendations of the Connecticut Emergency Medical Services Primary Service Area Task Force.

I encourage this committee to support this bill as it is currently written. There was a lot of time and effort put into the Task Force Report. The recommendations having the most impact to the entire Emergency Medical System are those included in this bill. These recommendations will provide clarity and set standards that are objective and measureable.

It should be known that the recommendations in this bill are in line with the Federal Interagency Committee on Emergency Medical Services or FICEMS (figh-kems) strategic plan. Their strategic plan is focused around six goals. Here are two;

- Coordinated, regionalized and accountable EMS and 911 systems that provide safe, high-quality care by developing EMS performance measures, identifying and disseminating best practices, measuring EMS care and outcome relationships, promoting best practices to reduce regional care disparities, and partnering with state regulatory agencies for regionalized accountable care systems.
- Date-driven and evidence-based EMS systems that promote improved patient quality by supporting the development and implementation of evidence-based guidelines (EBG), standardization and improvement of prehospital EMS data and the linkages between the National EMS Information System (NEMSIS) and other sources of measurement of clinical effectiveness, outreach to stakeholders to support the development of a culture of evaluation and scientific evidence for prehospital care, and the development of key performance indicators for EMS.

In the end this will impact patient care in a positive manner and that needs to remain the focus of what EMS is and does. Again, I encourage this committee to support this bill as it is currently written.

Respectfully submitted,

Gregory B. Allard